(12) INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification[7]: **G06F 19/00**

(21) International Application Number: PCT/US01/29124

(22) International Filing Date:
19 September 2001 (19.09.2001)

(25) Filing Language: English

(26) Publication Language: English

(30) Priority Data:
60/233,949   20 September 2000 (20.09.2000)   US
Not furnished   10 September 2001 (10.09.2001)   US

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(81) Designated States *(national)*: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW.

(84) Designated States *(regional)*: ARIPO patent (GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG).

Published:
— *without international search report and to be republished upon receipt of that report*

For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.

(54) Title: AN INTELLIGENT PATIENT VISIT INFORMATION MANAGEMENT AND NAVIGATION SYSTEM

(57) Abstract: A patient health record system uses knowledge bases to dynamically build visit templates and suggest content based on the user's profile and current patient information. The visit template is available to the health care provider using the system, and is presented within an easy-to-use graphical interface comprising a navigation pane for moving one section of the template to another, and a visit information window that displays current visit information and allows the user to add and edit that information.

AN INTELLIGENT PATIENT VISIT INFORMATION MANAGEMENT AND NAVIGATION SYSTEM

Cross-Reference to Related Applications

This application claims priority to United States Provisional Patent Application Serial No. 60/233,949, filed September 20, 2000, the disclosure of which is hereby expressly incorporated herein by referenced.

Field of the Invention

The invention relates generally to information management systems for use within the healthcare enterprises, and more particularly, to an intelligent system and method for managing and navigating patient information.

Background of the Invention

The provision of quality health care depends critically on timely and easy access to information that is most relevant to the patient's current condition. Computer-based clinical documentation systems have helped health care providers overcome many of the shortcomings of a paper-based system, including accessibility, portability, security and usability. However, as with any technological advance, the implementation of computer-based patient records has not only created new problems, but has also raised expectations about how health care information can be used in such a way that many of the known solutions and approaches are now seen as problematic.

The successful implementation of computer technology by health care providers demands that they acquire computer skills that many providers view as an infringement upon their primary

purpose in seeing and treating patients. The demand for new skills and corresponding

frustration is exacerbated by the increased expectations about the amount of patient information

that should be recorded and available for use during any given patient encounter. The fact that a

computer-based patient record presents a health care provider with a much larger set of potential

5   information creates a corresponding imperative to both record and review more information

while providing a patient's care. The problem is that eventually, the computer interface for

accessing this wealth of information becomes nearly as cumbersome to deal with as a paper

chart. Typing to enter information while clicking or scrolling through a myriad of windows,

forms or screens can be as distracting and nearly as inefficient as flipping through pages of

10   paper.

Existing computer-based record systems have partially resolved this problem by limiting

the amount of manual typing and navigation required to access and record information for a

given patient visit. A typical solution is to provide a summary of key data elements in a single

window and to collapse access to the underlying data into a hierarchical navigation interface.

15   The interface allows users to drill down to a specific data element by pointing and clicking

within the interface, and to enter data by the same means. By presenting users with rapid access

to information that is most relevant to their current patient visit, these solutions make it easier for

health care providers to use and add to the information available within a computerized patient

record. In order to ensure that these ease-of-use features remain flexible for use among diverse

20   health care providers with even more diverse patient populations, it is even more desirable to

embed these features as templates within the user interface. A template-based approach allows

providers to choose from a number of different summary/navigation views and use the one that is

most appropriate for the given circumstances.

However, this solution is ultimately unsatisfactory, because of the frequency with which

health issues will arise that a template was not designed to address. The obvious attempts to

resolve this difficulty also prove unsatisfactory. First, simply creating more templates means

that the provider will face the problem of knowing the differences between each template in

5   advance, and the choice may ultimately prove unsatisfactory anyway. For example, you could

create a number of different variations of each standard template, but in order to use this set of

variations efficiently you would have to be familiar with the specific differences between each

template. And even if you choose what looks to be the right template at the start of a visit, you

may uncover information in the course of that visit that is no longer easy to capture with the

10   original template. Second, building more complexity into a smaller set of templates tends to

defeat the purpose for having templates in the first place. The more complexity you add to a

standard template, the more it looks like the complex system that the template is intended to

simplify. Third, allowing a user to embed dictated notes to extend the usefulness of any given

template undermines some of the advantages afforded by using a computerized record in the first

15   place. Dictated notes must be transcribed if they are to be viewable online, and the elimination

of transcription costs is one of the major benefits associated with implementing a computerized

health record system. Even if you manage to successfully automate the transcription process,

you lose the benefits associated with storing visit information as structured data. Dictation

blocks of text, because they are unstructured (i.e., are filed in the database as free text rather than

20   as discrete data items such as diagnosis codes), are unavailable for use in decision support, data

mining and reporting.

So even with the above-listed improvements, the tension between ease-of-use and

flexibility for recording patient encounter information persists within existing solutions to

providing a computerized patient record. The objective of the present invention is to provide a computerized patient record system that takes full advantage of an easy-to-use navigation interface and summary view but which does so without sacrificing the flexibility and power associated with a robust database of information.

5

Brief Description of the Drawings

FIG. 1 is a block diagram illustrating a patient health record system in accordance with a preferred embodiment of the present invention.

FIG. 2 is a block diagram illustration of a graphic user interface of the patient health

10   record system illustrated in FIG. 1.

FIG. 3 is a flowchart representing the general operation of a system in accordance with a preferred embodiment of the invention.

FIG. 4 is a flowchart representing a visit template engine in accordance with a preferred embodiment of the invention.

15   FIG. 5 is a flowchart representing a process for editing visit information.

Detailed Description of the Preferred Embodiments

In accordance with an embodiment of the invention, a patient health record system uses knowledge bases to dynamically build visit templates and suggest content based on the user's

20   profile and current patient information. The visit template is available to the health care provider using the system, and is presented within an easy-to-use graphical interface comprising a navigation pane for moving from one section of the template to another, and a visit information

window that displays current visit information and allows the user to add and edit that information.

Referring to FIG. 1, an enterprise patient health record system 10 includes a number of data elements 12 for supporting the patient information needs of the healthcare enterprise. As

5   shown in FIG. 1, the system 10 includes a patients element 14, a providers element 16 and a user security element 18. These elements, for example, provide to the system 10 respective data services. For example, the patient element 14 includes a data structure for organizing and storing patient information and may incorporate processing and communication capability to allow the element to interface with the other elements of system 10 for receiving, organizing and storing

10   patient information and for retrieving and delivering patient information. Of course the processing and communication capability may be centralized within the system 10, in which case the respective element would include just the appropriate data structure for organizing and retaining data. The system 10 further includes supporting data structure element 22 to fully support patient health records.

15   The system 10 also includes a patient visit information element 20. The patient visit information element 20 contains the information types that are used to dynamically build templates as well as to provide content suggestion. As will be described in more detail below, the visit template for the patient visit contains sections for displaying, recording and updating different types of visit information. These types of information include, but are not limited to,

20   patient vital signs, medications, allergies, nursing notes, charting notes, progress notes, problem list, diagnoses, orders, patient instructions, follow up, level of service and any other information that may be relevant to the patient's visit. This information is stored in the system 10 for the

particular patient along with other information necessary for maintaining the patient health records.

Further included with the data elements 12 are a section definition template knowledge base 24 and a content template knowledge base 26. The section definition template knowledge

5   base 24 contains visit information types that are grouped into section definition templates. These templates are linked to encounter types, e.g., "office visit." The content template knowledge base 26 contains individual content selections that are grouped into content templates. These templates are linked to locator data that are documented as part of the visit, such as "chief complaint – back pain."

10   The data elements 12 are linked within the system 10 to the visit navigator tool 32 via a user security engine 28 and a record access manager 30. The user security engine 28 provides view and edit access security to limit user access to patient information in accordance with user security information, such as security profile, role, etc. The user security information is maintained within the user security element 18. The record access manager 30 locks patient

15   records in response to user actions. The entire patient record is not locked, such that information unrelated to the visit encounter becomes unavailable system wide. Instead, only the portion relevant to the user's actions is locked. This provides for higher availability of patient information throughout the system.

The tool 32 includes a visit template engine 34 and a visit information manager 36. The

20   visit template engine 34 determines sections (visit information types) to be included in the visit template based on the user profile, encounter type, and the section definition template knowledge base 24. The visit template engine 34 uses the current patient information as well as the content template knowledge base to add suggested content to the visit template. The user is permitted to

select suggested content with point-and-click or similar actions. In addition, the tool 32 can be

configured to allow changes and updates to visit templates in response to changes to the visit

information. The visit information manager 36 processes the users input and updates the display

of the visit information.

5   The tool 32 drives a graphic user interface (GUI) 38 shown in FIG. 2. The GUI 38 may

have a web browser or other suitable appearance, and includes an activity header 40, an activity

toolbar 42 and a template section 44. The activity header may provide patient information, such

as patient name, sex, age, insurance and other demographic information. The activity toolbar 42

contains point-and-click activity selections, which allows the user to activate the tool 32, obtain

10   patient information from the system, place orders, complete the encounter, etc.

Within the template section 44, there is a patient information header 46, a navigation bar

48 and a visit information window 50. The patient information header 46 provides general

patient information for the current patient. For example, the current patient's known allergies

and vital signs may be displayed. The information within the header 46 can be configured to

15   display different information based on the user profile, the encounter type, etc. The navigation

bar 48 permits the user to jump to corresponding sections of the visit information within the visit

information window 50 using point-and-click or similar action. Within the visit information

window 50, the user is able to select suggested content with point-and-click or similar action.

The user can also scroll through information and select any section of information to expand it

20   for editing.

In use, when the user creates a new patient visit record or opens an existing record, the

tool 32 dynamically builds the visit template within the visit information window and suggests

content using the visit template engine 34. The engine 34 first determines what sections of visit

information (as described above) are appropriate for the user and the encounter type. Section

definitions for visit templates are maintained in a section definition template knowledge base 24.

The section definition template for an office visit may define all of the sections listed above for

the visit template, while the template for an immunization administration encounter would define

5   fewer sections.

The system 10 also checks the user's security profile for a specified section definition

template that corresponds with the visit's assigned encounter type. If there are no templates

defined in the user's profile, the visit template engine 34 uses a default section definition

template. The system displays the sections that compose the selected visit template in the

10   navigation pane 48 and the visit information window 50.

Within each section of visit information, the engine 34 may display suggested content

that is appropriate for the current user, visit and/or patient health status. The visit template

engine 34 retrieves suggested content from the content template knowledge base 26, adding

individual content selections to corresponding sections within the visit template (for example,

15   "Common migraine" to the Diagnosis section).

The engine 34 also suggests content for any section based on a variety of patient, user

and visit information. This information—chief complaint, visit diagnoses, department

specialties, etc., is linked to content templates as locator data. When the data documented during

a visit matches the locator data assigned to a content template, the engine 34 selects that content

20   template. For example, if a content template has a chief complaint locator of "physical exam,"

when the user documents "physical exam" as the visit's chief complaint, the content template is

incorporated into the visit template.

The engine 34 may operate in a substantially more intelligent manner than simply suggesting templates based on one or more pieces of patient information taken from the current encounter. The engine 34 is designed to intelligently suggest content for the template based upon all available information known about the patient retained in the system 10, to develop

5   content for the template presented to the caregiver. Thus, the engine 34, working from the content template knowledge base 26 and using all of the available patient information, such as, current medications, lab results, lab trends, problem list, etc., builds the template during the visit.

The system 10 can also dynamically update content suggestions as visit information is changed or added within the visit information window, thereby constantly responding to the

10   user's input. For example, after a doctor enters a visit diagnosis the tool 32 may dynamically suggest patient instructions, medications, or follow-up actions appropriate to that diagnosis. The doctor can then either follow the rule-based suggestions with a simple point-and-click action or similar selection mechanism, or can alternatively select other actions by using the pop up editing window for the given content type.

15   Suggested content can include such things as individual diagnosis and procedure codes, medications, and blocks of text specifically geared towards the current patient through automatic links to patient record information (vitals, lab results, etc.). Additional suggested content may include best practices guidelines, which may help prevent errors by preventing errors of omission. The user can use suggested content by selecting the appropriate command in the visit

20   information window 50.

In addition to links to patient-specific information, the text blocks described above can contain user-defined selection lists that allow the user to quickly tailor the text to a specific patient visit by selecting the proper elements within the selection list (for example, "in mild

distress" from a "General Appearance" selection list). Within the system 10 the selection lists

can be configured as structured data (i.e., filed in the database as discrete data items) for

reporting and decision support purposes. In addition to using suggested content, the user can

also add his or her own content by either typing directly in text fields or by typing entries or

5   using drop down lists for discrete data items.

Within the visit information window 50, all sections are displayed as read-only text until

a user with editing security opens a section for editing by selecting the appropriate command.

The section then expands from view-only to editing mode and the data elements contained

therein are locked from.editing by any other user by the record access manager 30. This inline

10   expansion not only makes it easier to scan and read the visit information because it is all listed in

an easy-to-scroll window, but it also makes it easy for multiple users to view and edit

information in the patient visit without data conflicts, because a section is not locked until a user

activates it for editing. With this data-locking scheme a nurse could be documenting the

administration of an immunization while the physician updates progress notes for the visit or

15   documents a visit diagnoses or level of service.

The system 10, by combining an easy to use navigation and information interface with

knowledge base-driven templates, represents a solution that is both easier to use and more

flexible than existing systems. Users of this system can harvest the full potential of a

computerized patient record without need of extensive data-entry and computer expertise.

20   Referring now to FIG. 3, the user workflow 300 is described in additional detail.

Starting at 301, a logged in user opens an available patient record, 300. Upon doing so, the user

security engine 28 determines authorized activities for the user and displays options in the

activity bar 42 of the GUI 38. Based on the user security profile, if the user is not authorized to

view the visit information for the active patient, 307, the workflow ends, 309. Otherwise, to

activate the visit navigation tool 32, the user selects the visit navigation activity from the activity

toolbar 42.

Again, based on the user's security profile, the user security engine 28 determines

5   whether edit or view only access is available to the user for each type of visit information, 313.

At 315, the tool 32 determines appropriate visit template sections based on the user profile and

encounter type using the section definition template knowledge base 24, 315, and adds suggested

content based on current patient information using the content template knowledge base 26, 315.

The tool 32 then displays the read-only view of the visit information for the current patient in the

10   visit information window 50, and marks information types that can be edited by the current user,

319.

From within the visit information window 50, the user may perform a number of different

tasks including: selecting visit information from the navigation bar 48, 323, selecting patient

information to edit from within the visit information window 50, 327; selecting suggested

15   content from within the visit information window 50, 337; and selecting another activity from

the activity toolbar 42, 343. When the user selects visit information from the navigation bar 48,

the visit information window 50 scrolls to the selected visit information 325. Selecting patient

information to edit causes the tool 32 to call a visit information editing routine for the selected

visit information type, and loads the patient information to be edit, 329. The record access

20   manager 30 locks the active visit information within the system 10, 331, so that others may not

edit it. The tool 32 then displays an editing popup in the visit information window 50. Selecting

suggested content causes the tool 32 to perform a confirmation process for the content type, 339.

The confirmation process, which may occur before the user is presented with a list of choices of

selected content, verifies that the suggested content is appropriate for the age, gender, etc. of the patient to ensure the caregiver is only presented with a valid list of choices.The tool 32 updates the patient information with the selected content, 341.

Selecting another activity from the activity toolbar 42 causes a number of actions. First, if there is an open editing popup for visit information, 345, the tool 32 displays a warning and presents choices to cancel or proceed and lose changes to any edited information, 351. By selecting not to proceed, 353, the visit information window 50 scrolls to the open editing popup, 355. If there are no active editing popups, 345, or if the user elects to proceed, 353, the tool 32 closes, 347 and the workflow is ended.

Referring now to FIG. 4, the workflow 400 associated with the visit template engine 34 is discussed in greater detail. When a logged-in user opens a patient record and selects the visit navigation tool 32 activity, 401, the visit navigator engine 34 checks an encounter type assigned to the visit against encounter types listed in the user's profile, 403. If there is a match found, the engine 34 selects the template from the section definition template knowledge base 24 that is identified in the user's profile for that encounter type, 405. Otherwise, the engine 34 selects a default template from the section definition template knowledge base 24, 407. The tool 32 then displays in the visit information window 50, the visit information types defined in the active, i.e., selected, section definition template, 409.

A check is made to determine if content template locator data has been documented, 411. If not, no default content choices are available, 413, resulting in no matches being found. If content template locator data is documented, the engine 34 checks documented locator data against locator data assigned to content templates in the content template knowledge base 26, 415. The engine 34 then selects the content template(s) whose assigned locator data corresponds

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to the documented locator data, 417, and for each selected content template, the engine 34

identifies individual content selections within the template that correspond to the active sections

of the selected visit template, 419. For each section of the visit template, the tool 32 displays

corresponding content selections from the content templates selected by the engine 34, 421.

5   FIG. 5 illustrates the workflow 500 for editing visit information. When a user selects

patient information for editing (327 of FIG. 3b), the result is an editing popup being displayed in

the visit information window (333 of FIG. 3b), which starts the editing workflow, 355.

Exemplary types of visit information that may be edited are: chief complaint, 501; vital signs,

503; history of present illness, 505; current medications, 507; allergies, 509; exam notes, 511;

10   diagnoses, 513; progress notes, 515; review of systems, 517; orders, 519; patient instructions,

521; follow-up, 523; and level of service, 525. If data is to be added, 527, the user enters the

data based upon the fields for the data, e.g., charting template, free text, master file, or category

list selection, 529. Standardized words and phrases, and methods to predict words and phrases to

be entered, may be used to facilitate and simplify the data entry. Data may also be deleted, 531,

15   by deleting data from the selected field, 533. After either adding or deleting data, the user is

offered the opportunity to save the edited data, 535. If the user decides not to save the edited

data, 535, the user clicks a button to restore the previously saved data, and the editing popup

remains open. If the user elects to save the edited data, 535, the user may elect to move to the

previous data entry screen in the visit template, 529. Doing so causes the data to be saved and

20   the tool 32 to navigate to the previous data entry screen, 541. The tool 32 then displays the

updated content selections from the content templates located by the engine 34, 547. If the user

elects not to move to the previous data entry screen, 539, the user may elect to move to the next

data entry screen, 543. Doing so causes the edited data to be saved, and the tool 32 to navigate

to the next data entry screen, 545. The tool 32 then displays the updated content selections from

the content templates located by the engine 34, 547. The user may elect not to edit the next data

entry, ending data editing. Doing so causes the edited data to be saved, 551 and the tool 32 to

display the updated content selections from the content templates located by the engine 34, 553

5   and returns to the workflow 300.

The invention has been described in terms of several embodiments, including a number

of features and functions. Not all features and functions are required for every embodiment of

the invention, and in this manner the invention provides a flexible system by which a user may

manage and navigate patient visit information. The features discussed herein are intended to be

10   illustrative of those features that may be implemented; however, such features should not be

considered exhaustive of all possible features that may be implemented in a system configured in

accordance with the embodiments of the invention.

CLAIMS

We claim:

5   1.   An enterprise health record system comprising:

a database server with a plurality of data structures, wherein the data structures are

adapted to store at least patient information, user information, a knowledge base for dynamically

building and updating patient visit documentation templates and associated suggested content;

and

10   a graphical user interface coupled to the database server, the graphical user interface

including a navigation window and a visit information window within which patient information

is displayed in accordance with a visit template;

wherein the visit template is dynamically based upon at least one of the patient

information, the user information, the knowledge base and the suggested content.

15

2.   The enterprise health record system of claim 1, wherein the visit template is dynamically

based upon each of the patient information, the user information, the knowledge base and the

suggested content.

20   3.   The enterprise health record system of claim 1, wherein the knowledge base comprises at

least one of a section definition template knowledge base and a content template knowledge

base.

4.   The enterprise health record system of claim 1, wherein the graphical user interface

25   comprises at least one of icons and text representing sections of the visit template.

5.   The enterprise health record system of claim 1, where the navigation window comprises

at least one of icons and text associated with sections of the visit template and permitting

jumping to the associated section of text based on selection of the respective icon or text.

5

6.   The enterprise health record system of claim 1, further comprising a template engine,

wherein the template engine comprises a user profile engine that dynamically arranges the

display of the patient information in the visit information window based upon user information

and a template building knowledge base.

10

7.   The enterprise health record system of claim 1, further comprising a decision support

engine, wherein the decision support engine dynamically arranges the display based upon user,

patient and visit information and a template building knowledge base.

15   8.   The enterprise health record system of claim 7, wherein the decision support engine

suggests additional content to be displayed in the visit information window.

9.   The enterprise health record system of claim 1, wherein the patient information is

scrollable within the visit information window.

20

10.   The enterprise health record system of claim 1, further comprising an editor for editing

the patient information.

11.   The enterprise health record system of claim 10, wherein the editor comprises a records manager for selectively locking a portion of the patient information to be edited.

12.   The enterprise health record system of claim 10, wherein the editor is enabled based upon
5   a security profile of the user.

13.   . The enterprise health record system of claim 1, wherein the user information comprises a user security profile.

10   14.   The enterprise health record system of claim 1, wherein the patient information is organized within the visit template in sections, the sections being expandable.

15.   The enterprise health record system of claim 1, wherein the patient information comprises visit encounter information.

15

16.   A method of displaying patient information within an enterprise health record system, the method comprising the steps of:

dynamically building a visit template and associated content to be displayed within the visit template using patient information, user information and a knowledge base; and

5   graphically displaying the patient information within the visit template on a graphic display.

17.   The method of claim 16, further comprising linking the patient information to graphic representations, and collecting the graphic representations within a navigation portion of the

10   graphic display.

18.   The method of claim 17, wherein the graphic representations comprise at least one of text and icons.

15   19.   The method of claim 16, wherein the step of dynamically building a visit template comprises suggesting content for the visit template.

20.   The method of claim 16, wherein the knowledge base comprises at least one of section definition template knowledge base and a content template knowledge base.

20

21.   The method of claim 16, wherein the patient information comprises an encounter type.

22.   The method of claim 16, further comprising scrolling the patient information within the visit template in response to a user input.

23.   The method of claim 16, providing an editing popup associated with the patient information.

24.   The method of claim 16, further comprising locking a portion of the patient information during editing of the portion.
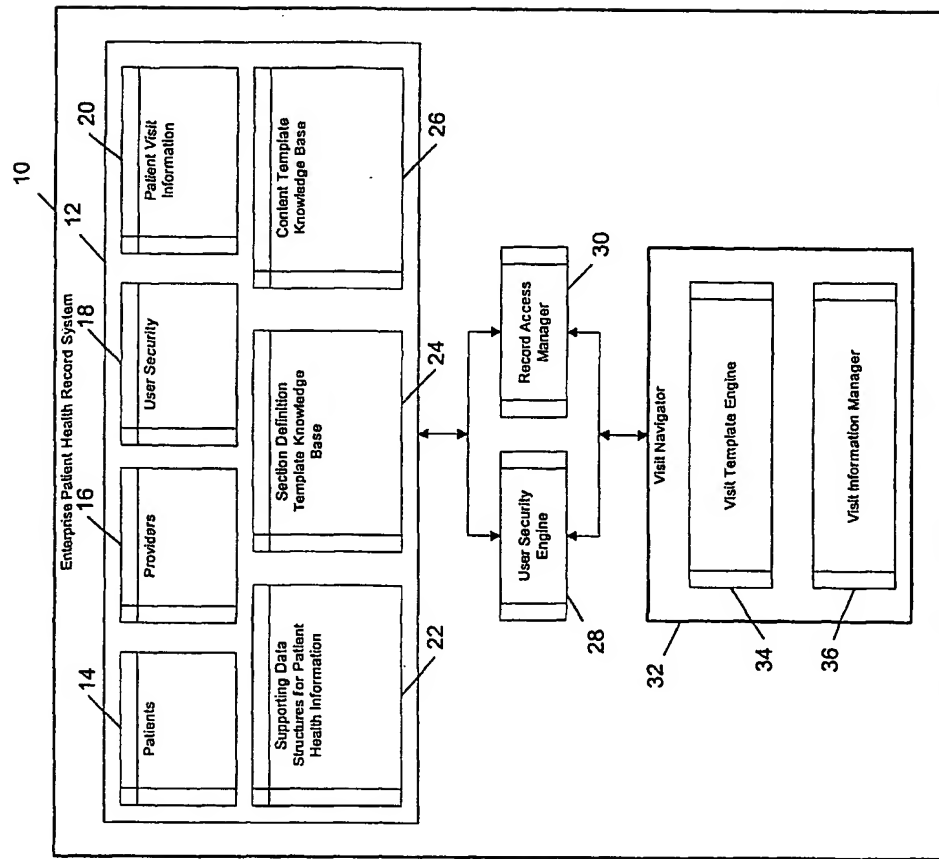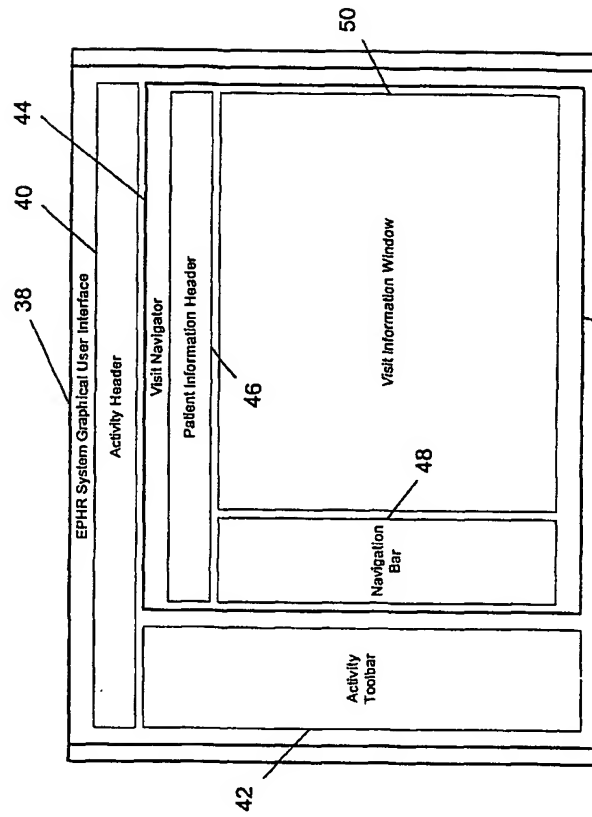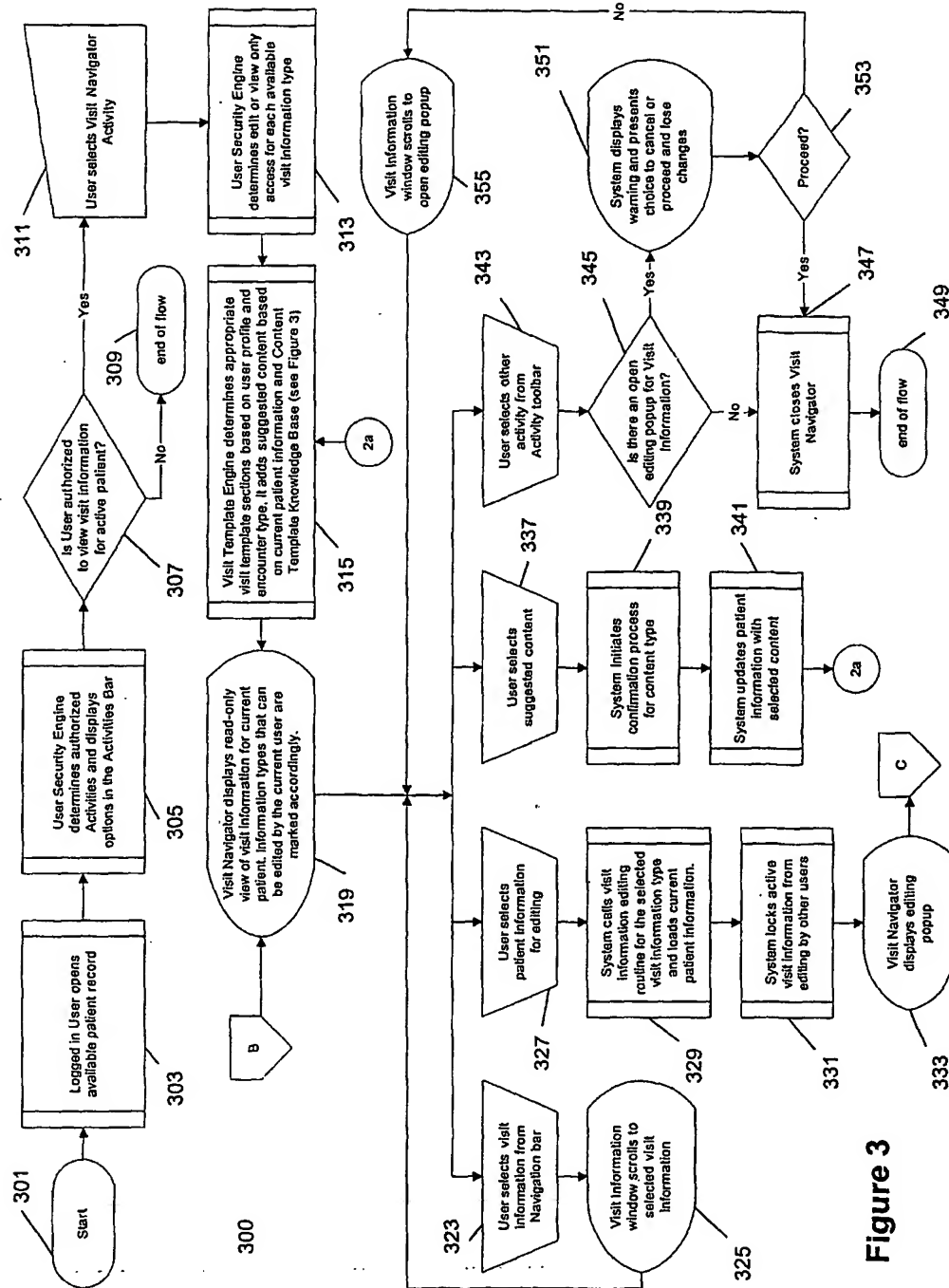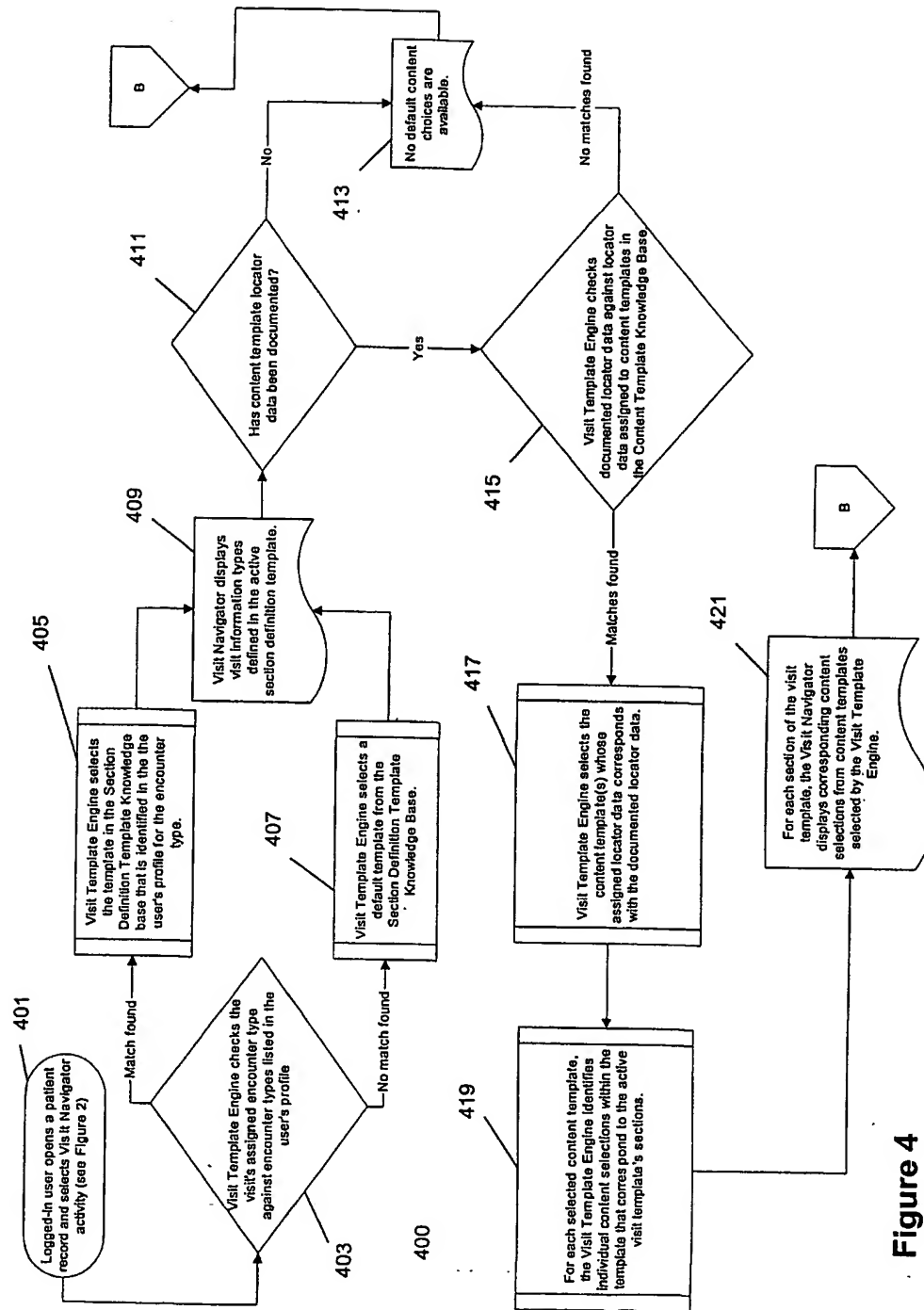
Figure 1

Figure 2

Figure 3

Figure 4

401 Logged-in user opens a patient record and selects Visit Navigator activity (see Figure 2)

403 Visit Template Engine checks the visit's assigned encounter type against encounter types listed in the user's profile

405 Visit Template Engine selects the template in the Section Definition Template Knowledge base that is identified in the the user's profile for the encounter type.

Match found

407 Visit Template Engine selects a default template from the Section Definition Template Knowledge Base.

No match found

409 Visit Navigator displays visit information types defined in the the active section definition template.

411 Has content template locator data been documented?

No

413 No default content choices are available.

Yes

415 Visit Template Engine checks documented locator data against locator data assigned to content templates in the Content Template Knowledge Base.

No matches found

Matches found

417 Visit Template Engine selects the content template(s) whose assigned locator data corresponds with the documented locator data.

419 For each selected content template, the Visit Template Engine identifies individual content selections within the template that correspond to the active visit template's sections.

421 For each section of the visit template, the Visit Navigator displays corresponding content selections from content templates selected by the Visit Template Engine.

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Figure 5